P15000016045

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03/16/15--01035--014 **35.00



3/17/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: RCA RECO	VERY COLLECT	ION AGENCY INC
	BER: P1500001604		
i ne enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JASMINE RODR	IGUEZ	
		Name of Contact Person	
	BEST QUICK TA	X RETURNS IN	<u> C</u>
	7471101124	Firm/ Company	
	747 HOLLY HILL		
	CASSELBEBBY	Address	
	CASSELBERRY		
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JASMINE RO	DRIGUEZ	at (407	896-7921 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Indicate of Corporations Box 6327 hassee, FL 32314	Amend Divisio Cliffon 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2015 HAR 16 PM 14: 55

RCA RECOVERY COLLECTION AGENCY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000016045

(Document Number of Corporation (if known)

SELACTARY OF STATE
TALLAHASSEE, FLORIDA

A. If amending name, enter the new name of the			
 	he corporation:		
			The new
ame must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Corport" or "Corport" or Corporation," or Corport ("Corport") or Corp	Corp," "Inc," or "Co". A profe	o," or "incorporated" or the essional corporation name mu	abbreviation st contain the
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			
			
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
	42 		
70 B 4	-: 4 1 - 665 J.J :- 171: J.	And the many of the	
. If amending the registered agent and/or reg new registered agent and/or the new register		i, enter the name of the	
Name of New Registered Agent			
Name of New Registered Tigeth			
	(Florida street address)		
	(1 Torrad Street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT Jol	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	GINA PARRADO	6960 RUE BAILLARGEON
Add			BROSSARD PQ J4Z 1-S9
X Remove			
2) Change	<u>VP</u>	MIRIAM ORTIZ	747 HOLLY HILL DR
Add			CASSELBERRY FL 32707
X Remove			
3) Change	P	MIRIAM ORTIZ	747 HOLLY HILL DR
X_{Add}			CASSELBERRY FL 32707
Remove			
4) Change	VP	GINA PARRADO	6960 RUE BAILLARGEON
X		-	BROSSARD PQ J4Z 1-S9
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			-
Remove			

ttach additional s	heets, if necessary).	(Be specific)			
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an amendment	provides for an excl	hange, reclassific	ation, or cance	lation of issued s	hares,
rovisions for im	plementing the ame able, indicate N/A)	endment if not co	ntained in the a	mendment itself	, :
(y nor appace	iote, maioaie inii				
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·					
					

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 03/10/2015 Signature X
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
MIRIAM ORTIZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)